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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

□ Declaration Submitted With Initial Filing

OR

□ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

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Attorney Docket Number	PU0300	51	
First Named Inventor	Guillaun	ne Bichot	
СОМРІ	ETE IF KN	OWN	•
Application Number	1		
Filing Date			
Group Art Unit			
Examiner Name			. /

As a below-named inventor, I hereby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
MULTI-NETWORK OVERLAID CELL DETECTION							
the specification of which	(Title of th	e Invention)			_		
is attached hereto				. 4.	٠.		
OR				بالمائية			
was filed on (MM/DD/	YYYY) [as United States A	pplication Number o	r PCT Internation	al .		
Application Number	and	was amended on (MM/DD/	m [. (f applicable).		
I hereby state that I have review specifically referred to above.	wed and understand the conte	nts of the above identified s	pecification, includin	g the claims as ar	mended		
I acknowledge the duty to discl applications, material informati international filing date of the c	on which became available be	tween the filing date of the p					
I hereby claim foreign priority to 365(a) of any PCT internation and have also identified below application having a filing date	onal application which designate, by checking the box, any for	ated at least one country oth reign application for patent of	ner than the United S	States of America	, listed below		
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy	Attached?		
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO		
		,					
			. 🗆				
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
ApplicationNumber(s) Filing Date (MM/DD/YYYY)					
			numbers a a supplem	provisional app re listed on ental priority da 2B attached he	ta sheet		

Page 1 of 4

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USA	-		609-73	34-6834			<u> </u>	(609)	734 - 6888
believed to be true;	; and further tha or imprisonmen	at these sta at, or both,	atement	ts were made \	with th	he knowledge that willf	ful false state	ments	information and belief are s and the like so made are opardize the validity of the
NAME OF SOL	E OR FIRST	INVENT	OR:			☐ A petition has be	een filed for	r this	unsigned inventor
Given Name Gl									
Inventor's Signature		524	lu=	2				Di	10/16/2003
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Additional inventors are being named on the _1_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

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Country		. 1	Telephone					Fax
USA 609-734-6834 (609) 734 - 6888 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
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Inventor's Signature							Da	ate
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la Chapelle			State	1	FRANCE			tizenship RANCE
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Given Family Name LI or Surname								
Inventor's Signature 9 Date 10/3/2003								
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4

Name of Additional Joint Inventor, if a	ny:	☐ A petition has been filed for this unsigned inventor				
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Inventor's Signature	le_		10/3/2003 Date			
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Given Name (first and n	iddle [if any])	Family Name or Sumame				
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Inventor's Signature		9	Date			
Residence: City	State	Country	Citizenship			
Mailing Address						
Mailing Address	· ,					
City	State	Zip	Country			

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